



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION

ACH AUTHORIZED AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

NAME _____

Employee Identification Number or Social Security Number _____
(Under which you are doing business with the State)

I (We) hereby authorize the State of Tennessee, hereafter called the STATE, to initiate debit entries to my (our) (*select type of account*) _____ CHECKING or _____ SAVINGS account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

This authority is to remain in full force and effect until the STATE has received written notification from signer below of its termination in such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

Have you ever or do you currently receive payments from the State through ACH? _____ (Yes or No). If yes, do you intend for this account information to *replace existing* account information currently used by the State? _____ (Yes or No). If yes, please specify the *existing* account, that should be changed: ABA No. _____ Account No. _____.

_____. Is this authorization only for certain types of payments? _____ (Yes or No). If yes, please indicate types:

Many banking institutions use different numbers for ACH. Please call your bank for verification of ACH transit and account number.

Bank official contacted: _____ Phone No. _____

DEPOSITORY/BANK NAME _____ BRANCH _____
CITY _____ STATE _____
ACH TRANSIT / ABA NO. _____ ACCOUNT NO. _____
NAME(S) _____

(Please print names of authorized account signatory)

DATE _____ SIGNED X _____ SIGNED X _____

PLEASE ATTACH A VOIDED CHECK (OR FOR SAVINGS ACCOUNTS, A DEPOSIT SLIP):

PLEASE INDICATE ADDRESS TO WHICH YOU WOULD LIKE YOUR PAPERWORK ROUTED:

Contact name: _____
Telephone No.: _____

FOR STATE (SUBMITTING DEPT) USE ONLY:
CONTACT AGENCY _____
CONTACT PERSON _____
PHONE NUMBER _____